

ALLAN B. ENGEN NURSE SCHOLARSHIP

- APPLICATION -

(Must Be Typed)

Please check the scholarship you are applying for: RN ___ LPN ___

Name:

Address:

City, State, Zip:

Email:

Telephone:

Name of Employer, Address, Current Position and Years of Employment.

Name of Educational Institution to which you have been accepted into a Nursing Program, its location, and your start date. *Attach letter of acceptance from the school of nursing.*

Please describe your future professional goals:



1900 N 11th St 701.222.0660
Bismarck, ND 58501 www.ndltca.org

In the space provided, please describe the following: experiences you have had in long term care, interests in long term care and unique challenges you believe the long term care profession holds. *You may attach a separate sheet, if necessary.*

Have you been a previous recipient of the Allan B. Engen Scholarship? Yes No

SIGNATURE

DATE

